

FILED MAY 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16698

State File No.

BIRTH NO. _____ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>MONTGOMERY 27</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONTGOMERY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>WELLSVILLE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WELLSVILLE MO 6700</u>	
c. LENGTH OF STAY (In this place) <u>27</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EUGENE</u> b. (Middle) <u>RAYMOND</u> c. (Last) <u>DUNN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY - 12 - 54</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>SEP 25 1881</u>
9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	11. BIRTHPLACE (State or foreign country) <u>CALLAHAN Co. MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWNER OF FIRM</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>W. B. DUNN</u>	13b. MOTHER'S MAIDEN NAME <u>MATTIE MAJOR</u>	14. NAME OF HUSBAND OR WIFE <u>LUVANA DUNN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>488-10-3738</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willis H. Wall</u>
		ADDRESS <u>Wellsville MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1501</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1953, to May 12, 1954, that I last saw the deceased alive on May 12, 1954, and that death occurred at 6:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Willis H. Wall</u>	(Degree or title)	23b. ADDRESS <u>2 Willis H. Wall</u>	23c. DATE SIGNED <u>5/13/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/15/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WELLSVILLE CITY</u>	24d. LOCATION (City, town, or county) (State) <u>WELLSVILLE MO</u>
DATE REC'D BY LOCAL REG. <u>5-15-54</u>	REGISTRAR'S SIGNATURE <u>W. S. Romans Jr</u>	425	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Romans Jr</u>
		ADDRESS <u>Wellsville MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 1588

P. O. Address Hellerville, N.J.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.